

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045557

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 326

Primary Registration District No.

Registrar's No. 99

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

Scotland

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Vest Twp.Length of stay in lb
15 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Scotland

c. CITY OR TOWN Memphis

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Vest Twp.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lee

Bartlett

Pryor

4. DATE OF DEATH

Month

Day

Year

Nov. 18, 1962

5. SEX

Male

6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5-6-18779. AGE (last birthday)
85IF UNDER 1 YEAR
Months 6 Days 12 Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farming10b. KIND OF BUSINESS OR INDUSTRY
Farmer11. BIRTHPLACE (City and state or country)
Scotland Co. Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Pryor

13b. MOTHER'S MAIDEN NAME

Julia McIntyre

14. NAME OF SPOUSE OR WIFE

Annie Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Annie Pryor - Memphis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

10 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

10 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 4 60 to Nov 18 -62 and last saw him alive on 6.30 PM 11/18/62
Death occurred at 6.30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A.M. Keethler

(Degree or title)

22b. ADDRESS

Memphis, Mo.

22c. DATE SIGNED

11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-21-1962

23c. NAME OF CEMETERY OR CREMATORY

Camp Ground Cemetery

23d. LOCATION (City, town, or county)

Downing, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Vera D. Palmer

Morrison Funeral Home - Downing, Mo. 11-20-62

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

DEC 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.